

Washington State Health Care Authority

Health System Transformation: Achieving the Triple Aim



Washington State Public Health Association
Joint Conference on Health
Wenatchee, WA
October 15, 2013

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Outline



- **Introduction: What is the HCA?**
- **ACA & Medicaid Expansion in Washington State**
- **Transformation for Washington**

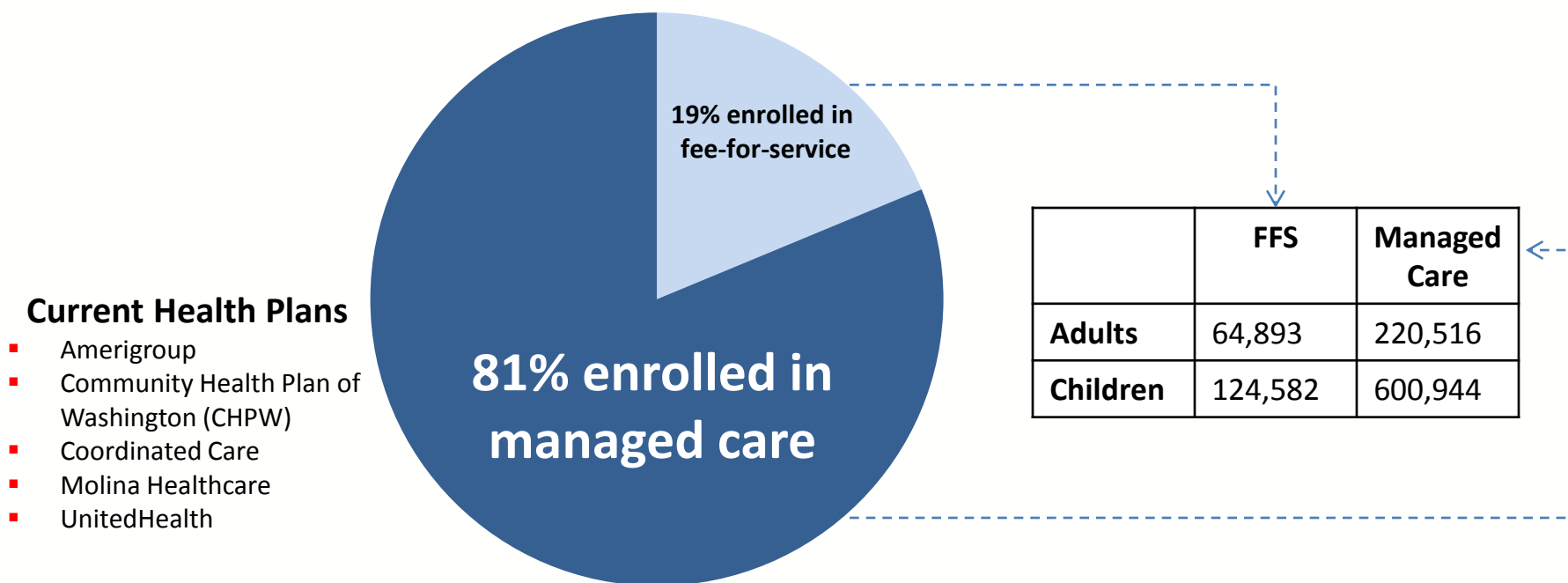
Introduction: What is the HCA?

- Washington State's lead agency for health care policy
- Largest health care purchaser in the state
 - Medicaid
 - Public Employees
- Biennial budget: \$13.4 billion
- Post-ACA implementation will purchase health care for approximately 2 million Washington citizens
- Mandate as prudent purchaser: The Triple Aim

HCA Medical Coverage

Just over 1 million individuals receive their full medical coverage from Medicaid

(excludes duals, partial duals, family planning-only and alien emergency medical.)

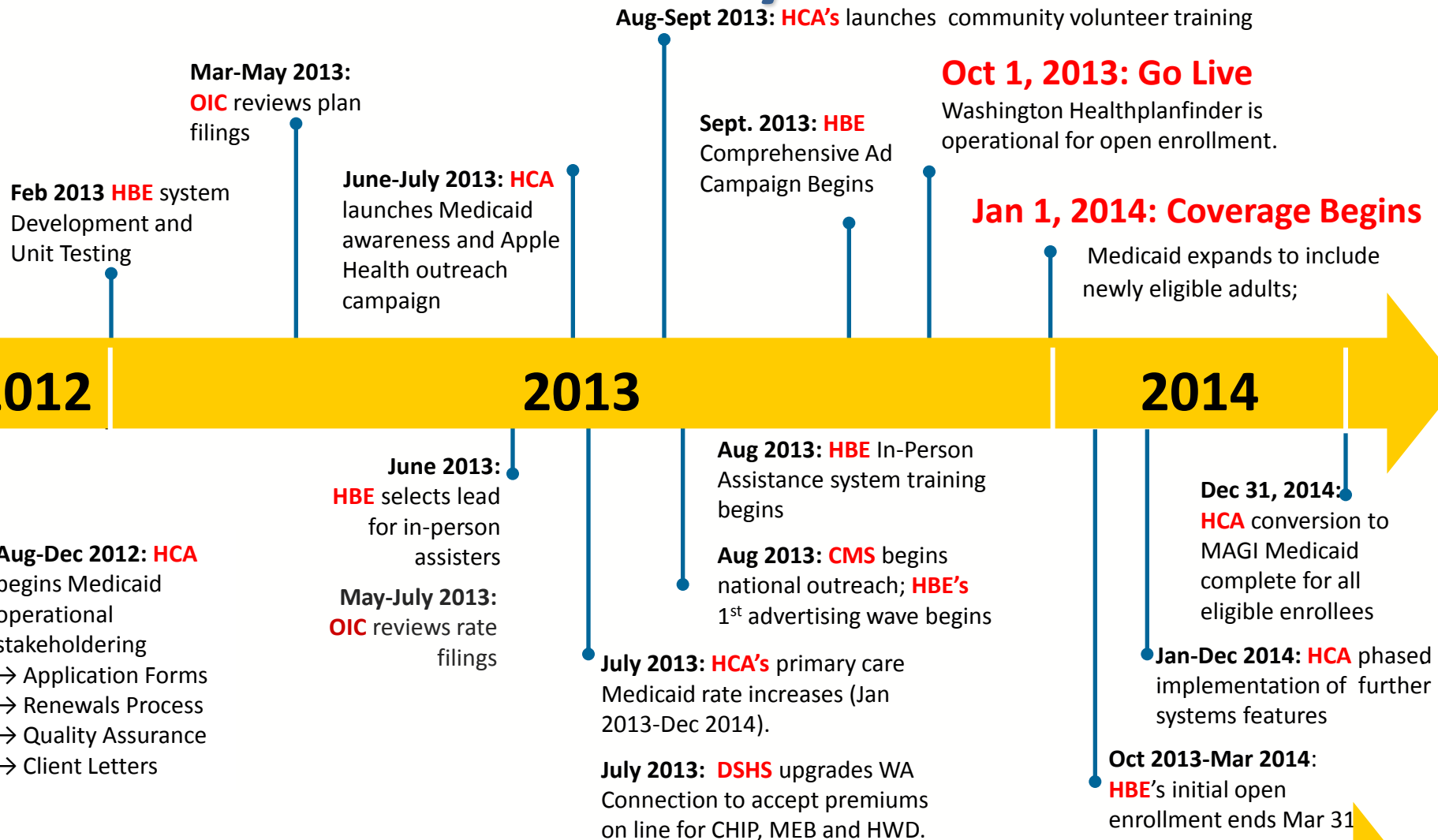


Source: Medicaid Assistance Eligible Persons Report – Preliminary December Enrollment; Basic Health Monthly Enrollment December 2012

ACA Timeline: Washington State

- Health Benefit Exchange created as a public-private partnership in 2011
- Medicaid Expansion included in Biennial Budget 13-15 signed by Governor Inslee on June 30, 2013
(44-4 vote in Senate; 88-11 vote in House)
- Healthplanfinder Exchanges opened on October 1, 2013
- Coverage under new rules begins January 1, 2014

Health Reform: A System in Action



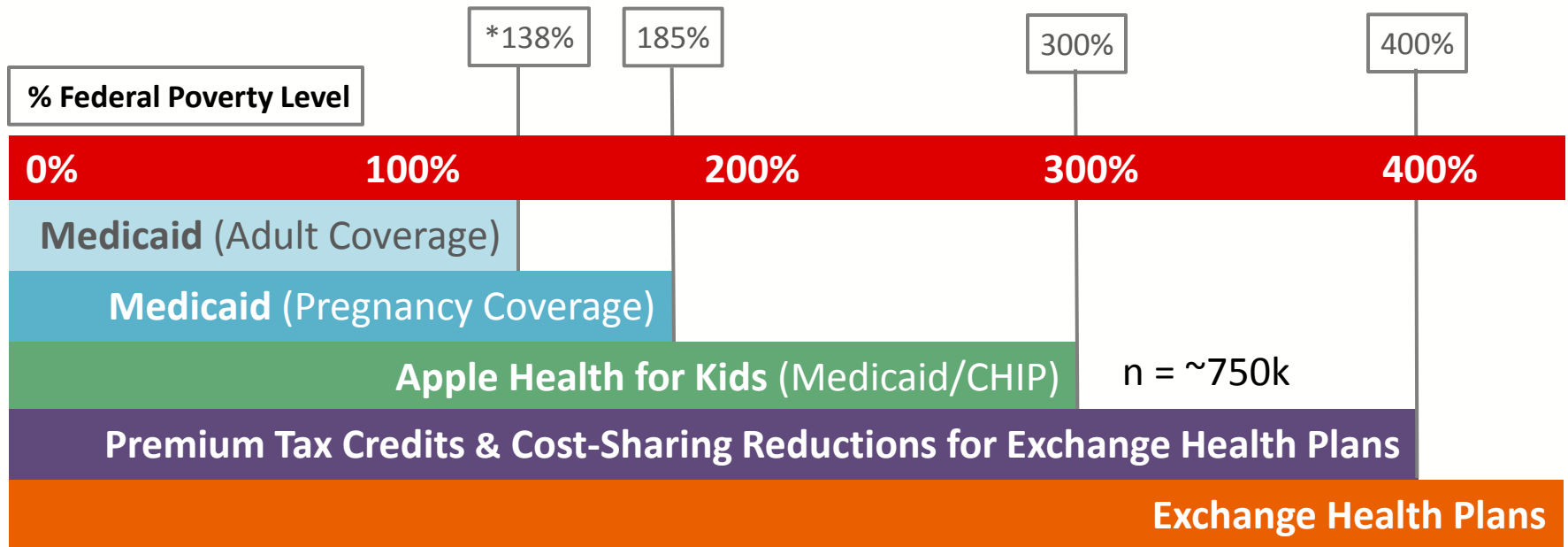
Preparation

Awareness

Enrollment

Health Care Coverage in 2014

New Continuum of Affordable Options



* The ACA's "133% of the FPL" is effectively 138% of the FPL because of a 5% across-the-board income disregard

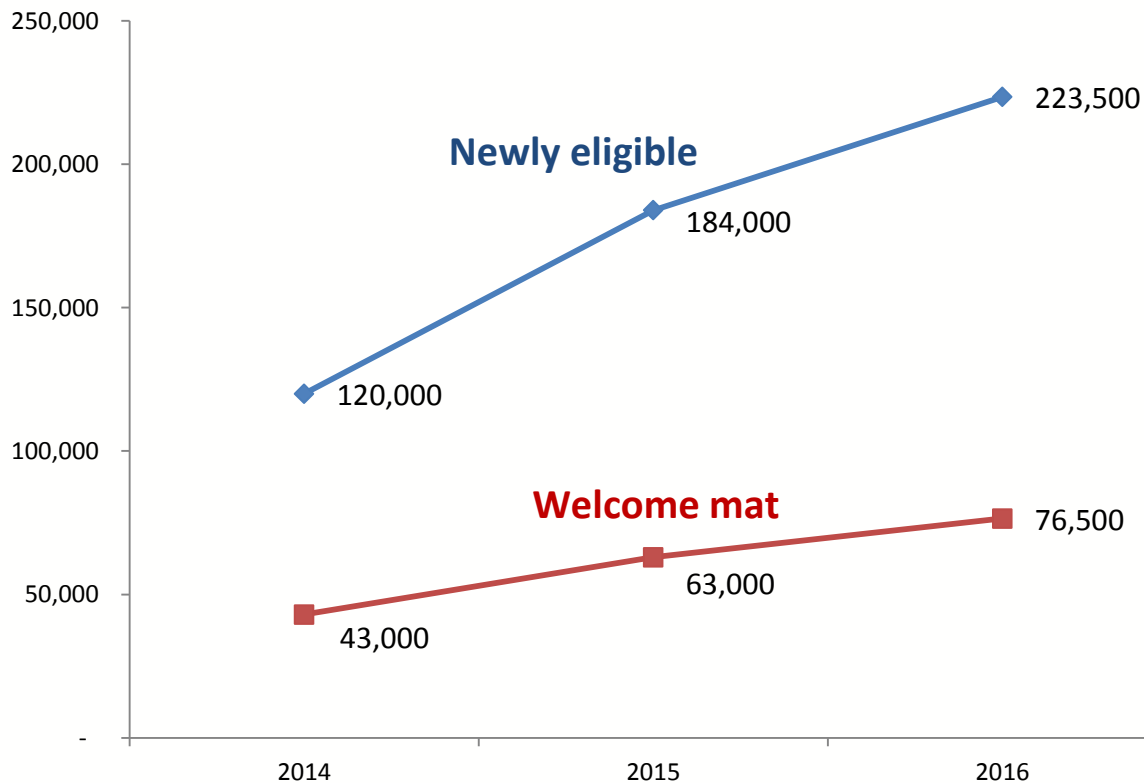
2013 FPL Levels

Federal Poverty Level	Annual Income: Individual	Annual Income: Family of 3
100%	\$11,490	\$19,530
133%	\$15,282	\$25,975
138%	\$15,856	\$26,951
200%	\$22,980	\$39,060
300%	\$34,470	\$58,590
400%	\$45,960	\$78,120

Source: <http://aspe.hhs.gov/poverty/13poverty.cfm>

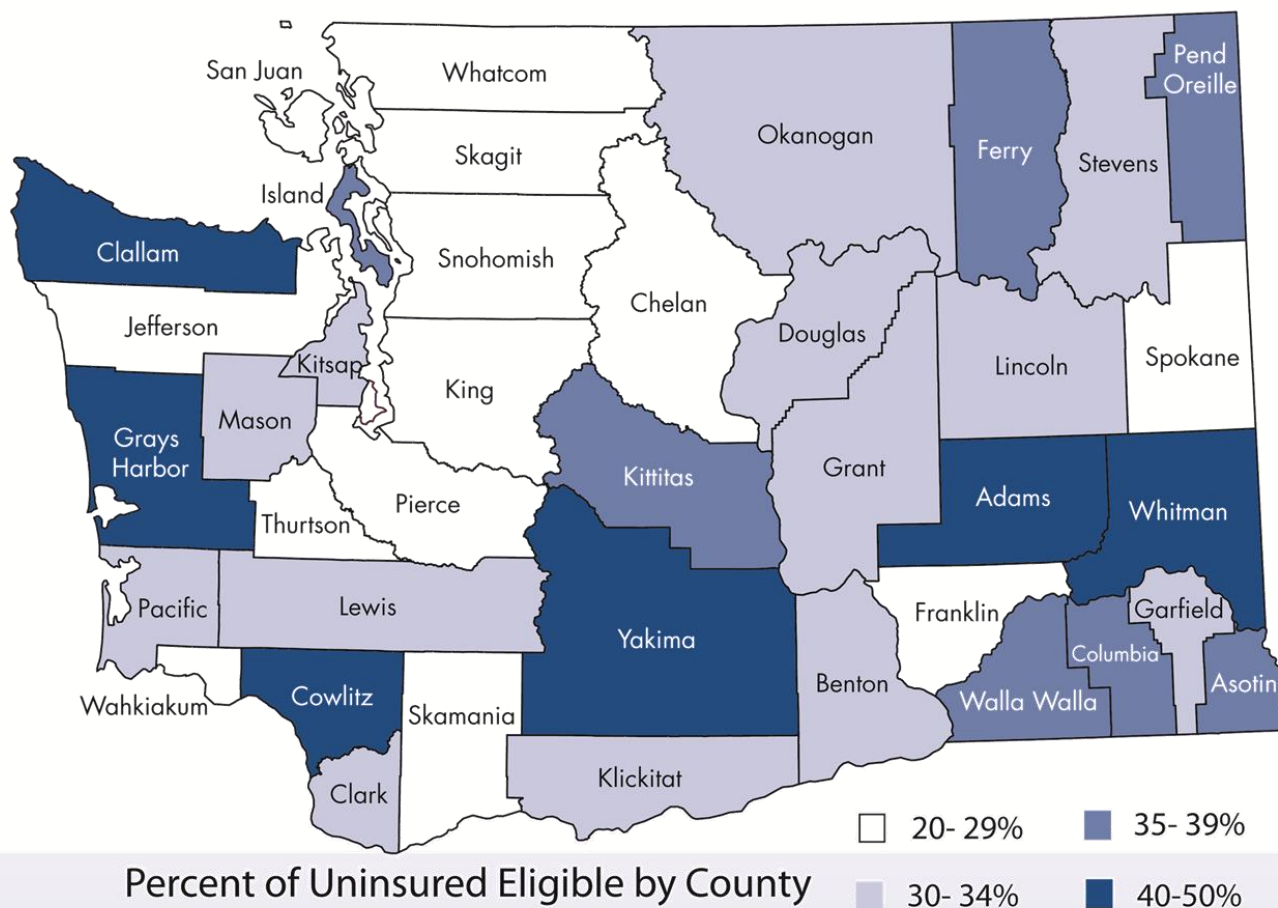
Enrollment Ramp-Up: 2014-2016

Financial models assume Medicaid Expansion (*newly eligible adults*) and Welcome Mat (*currently eligible but not enrolled*) caseloads will ramp up over time.



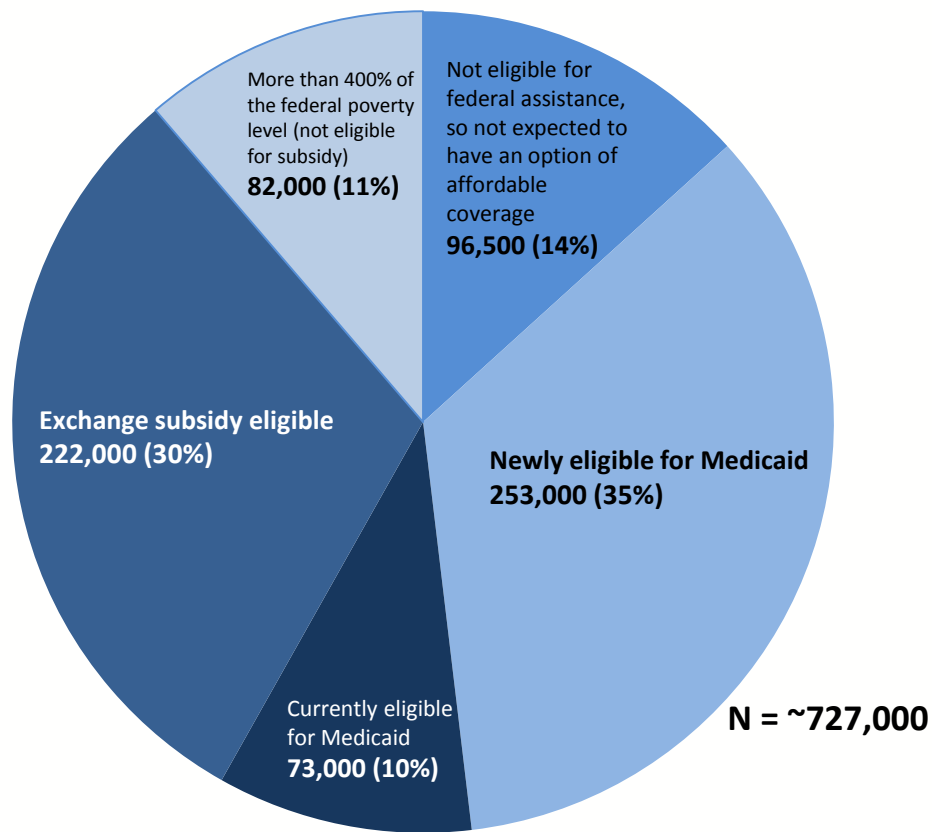
Based on: Buettgens, et al. The ACA Medicaid Expansion in Washington. The Urban Institute.

Medicaid Expansion Benefits Rural Areas



Source: Budget & Policy Center calculations of data from the Office of the Insurance Commissioner (OIC);
 This map is for illustrative purposes only- the percentages are based off of the OIC's estimated number of uninsured
 people eligible under the expansion, which differs from Urban Institute estimates

~85% of Washington's uninsured adults will have access to affordable coverage under full implementation of the ACA



Source: Urban Institute Analysis of Augmented WA State Database

Uninsured Groups Remain

- Undocumented immigrants
- Individuals exempt from the mandate who choose to not be insured (e.g., because coverage not affordable)
- Individuals subject to the mandate who do not enroll (and are therefore subject to the penalty)
- Individuals who are eligible for Medicaid but do not enroll



OPEN ENROLLMENT: OCTOBER 1, 2013 TO MARCH 31, 2014



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Go-Live Healthplanfinder

First 2 weeks: **24,949** enrollments through Oct. 13

Web and Call Center Data: First week, 10/1-10/13

Unique Visitors	270,851
Total Site Visits	1,423,673
Page Views	5,569,165
Unique Page Views	4,053,023
Accounts Created	66,776
Call Center Volume	53,039
Average Call Center Wait Times	18 minutes

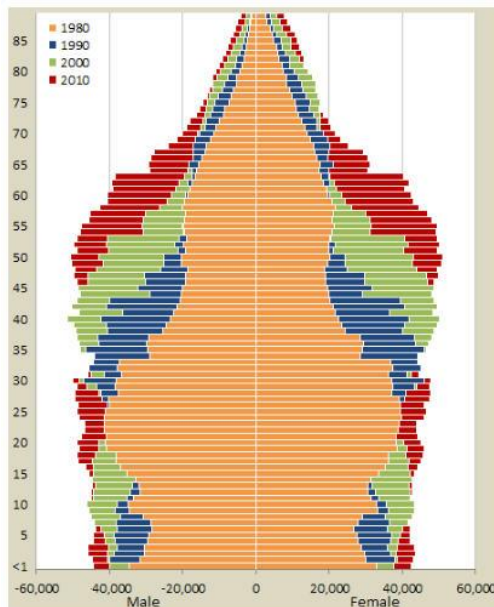
Enrollments Completed

Qualified Health Plans	3,084
Medicaid Newly Eligible/Coverage Jan. 1	13,370
Medicaid/Immediate coverage	8,495
Total	24,949

Applications Completed*

Qualified Health Plans	21,766
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Our Future Challenge



Silos & Fragmented Care
and aging of
Washington's population

- Medicaid delivery system silos
 - Managed care, fee-for-service
 - County-based behavioral health
 - Dual-eligibles
 - Long-term care
- Fragmented service delivery
- Service needs & risk factors overlap in high-risk populations
- Incentives & reimbursement structures not aligned to achieve outcomes

■ **EXISTING DESIGN NOT SUSTAINABLE**

Traditional “Solutions”

- Cut people from care
- Cut provider fee for service rates
- Cut services
- Increase cost sharing
- Pretend there is good access to care when there isn't

There is a better way to drive improved value and achieve better health

...the Washington Way.

Transformation in Washington State



Goals for Transformation

- Healthy people and communities
- Better care
- Affordable care for all



SHCIP Objectives

Test innovative payment and service delivery models with the potential to lower costs for Medicare, Medicaid and CHIP, while:

- Maintaining or improving quality of care
- Raising community health status
- Reducing long-term health risks for federal beneficiaries

All of the above, for the rest of Washington State's population.

- Refresh our approaches for health and health care improvement through evidence-driven approaches, innovation, collaboration and full use of the “levers” at our disposal.



Where we are today: Strengths

- **Pioneering efforts** in practice transformation, evidence-based medicine, patient centered medical home spread, and physical/behavioral health integration
- **Solid health information technology (HIT)** and health information exchange (HIE) foundation
- **State leadership** on health technology assessment, shared decision making
- **Collaborative organizations across the state** focused on clinical improvement, performance measurement, transparency and community solutions to care coordination, transitions and prevention



Where we are today: Gaps

- Payment in Washington tends to be fee for service, incentivizes volume not value
- Care delivery is highly fragmented in most areas of the state
- Population health approaches and community resources are not connected with care delivery



Washington Innovation: Health—A Community Priority

Today:

Health and wellness efforts are not coordinated or integrated, although many communities are taking action as first movers.

Vision:

Across the state -

- Bring organizations together with common goals for improved health at the local level, and capacity to address local priorities



The Innovation Plan: Change how care is delivered and connected to communities

- Aligning financial incentives
- Using common measures and driving transparency
- Enabling practice transformation
- Strengthening our health information infrastructure
- Modernizing our workforce
- Providing people with access to tools and resources for health and wellness
- Creating greater local accountability



The Washington Way: Washington State will lead as a Purchaser and Market Organizer

- **Require all contractors providing state financed healthcare to:**
 - Achieve progressively higher levels of value based payment methods that reward efficient and effective providers
 - Use a core set of measures
 - Be publicly accountable
 - Contribute data to all payer claims data base
 - Adopt recommendations of Dr. Robert Bree Collaborative and Health Technology Assessment Program
 - Use value based benefit design strategies
 - Include robust wellness components
- **Speak with one voice with other major state purchasers, both public and private**



The Innovation Plan: Health and Recovery

Achieve greater accountability for improved health outcomes and total cost of care

- Foster strong and efficient primary care
- Support effective care management and care transitions
- Move care to less costly settings and methods
- Reduce unwarranted variation and waste
- Better integrate physical and behavioral health services and supports
- Support evidence based practice and effective use of technology
- Emphasize prevention and effective management of chronic illness



The Innovation Plan: System Supports

Enhance data and information infrastructure

- Planned build out of all payer claims database
- Common statewide performance measures, transparency sensitive to rural/urban and populations served
- Expanded health information exchange & shared care planning capabilities
- Elimination or reduction of payment/administrative silos
- Innovations in “geo-mapping” and hot-spotting to enable community focus on health inequities and targeted strategies and tactics and measure progress over time



The Innovation Plan: System Supports

- **Primary Health Regional Extension System**
 - Hub – convener, coordinator, clearinghouse
 - Spokes within regions – local support for practice transformation and community priorities
- **Workforce Development & Support**
 - Primary care loan repayment
 - Career ladder support
 - Community Health Worker
 - Tele-health services



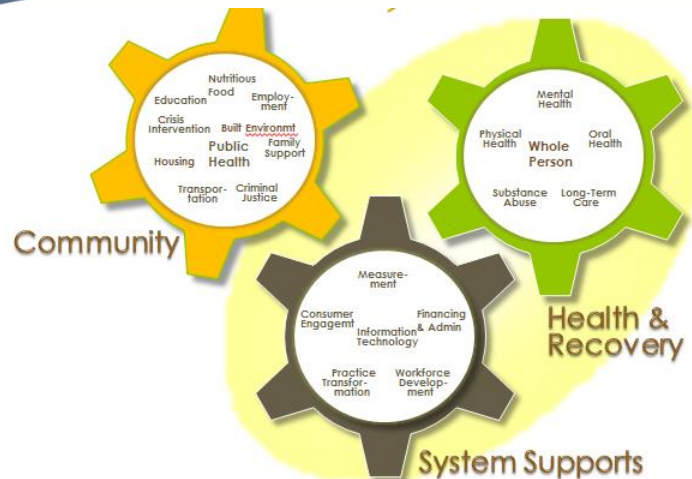
The Innovation Plan: System Supports

- **Individuals and Families Activation and Engagement**
 - Community Health Workers – health education, connectors to clinical and community resources
 - Tools and resources to help individuals make informed, shared decisions about care with providers
 - Robust wellness programs as part of benefits and linked to community resources

Accountable Communities of Health – The Washington Way

- Philosophy and structure that recognizes the value of collective action and shared responsibility to achieve health
- ACHs are formal entities – regionally governed, public private partnership organizations
- **ACH accountabilities**
 - Develop a region wide health needs assessment, set common agenda
 - Act as the facilitator of learning and continuous quality
 - Fund manager and broker for aligned community initiatives
 - “Home” for shared services

Structure, governance and development of ACH model – still many opportunities to shape, public health a key partner



Innovation Plan: Getting the Cogs to Move in Alignment

- **Coordinate and integrate the delivery system with community services, social services and public health**
 - Create 7-9 regional service areas
 - Accountable Community of Health organization within each region
 - Better cross sector alignment on statewide priorities
 - Local solutions thrive
 - Regional Extension Center “spoke” within each region
 - Medicaid procurement moves to these 7-9 regions
 - Align community service supports with regions over time
 - Transformation trust fund supports innovation

Washington State as First Mover



- **Reorient all state healthcare dollars** to pay for value rather than volume
- **Drive infrastructure and workforce improvements** needed to achieve practice transformation and accountability for cost
- **Eliminate barriers to better health** for people with physical and behavioral co-morbidities
- **Create greater local accountability and support** for community health improvement and cross sector resource sharing

Questions?

Thank You

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